		SMALL CLAIMS CASE NO.
PLAINTIFF/DEMANDANTE (Name, address, and	i telephone number of each):	DEFENDANT/DEMANDADO (Name, address, and telephone number of each):
Telephone No.:	—-	Telephone No.:
Telephone No.:  See attached sheet for additional pla	aintiffs and defendants.	Telephone No.:
NOTICE TO (Names):		
presented at the hearing.  DECLARATION SUPPORTING MY R  3. I am the plaintiff defe  4. The facts supporting this motion are  Item 4 continued on attached	er to (specify): of motion and declaration,  REQUEST FOR THIS MOT fendant in this action. e as follows (specify):	
5.	inder the laws of the State	of California that the foregoing is true and correct.
Type or print NAM  5. If you wish to oppose this request y	,	(SIGNATURE) Ourt on
HEARING DATE	DAY TIME	PLACE
DATE 1. 2.	<del>                                     </del>	
DEL 3.		
JUICIO 4.		
I certify that I am not a party to this acti responding party at the address shown	ion. This Notice of Motion v	TIFICATE OF MAILING was mailed first class, postage prepaid, in a sealed envelope to the his certification occurred
at (place):		, California,
on (date):		Clerk, by, Deputy

- The county provides small claims advisor services free of charge. -